



# Personal Campaign Committee

## Statement of Dissolution

### Candidate Information

Name <b>Susie Campbell Ashliman</b>		Telephone Number <b>(435)792-3305</b>	
Office <b>State School Board</b>	District Number <b>1</b>	Party <b>School Board</b>	County of Election <b>Statewide</b>
Street Address <b>1412 East 1980 North</b>	Suite/Apartment/PO Box	City <b>North Logan</b>	State Zip <b>UT 84341</b>

I, **Susie Campbell Ashliman**  
(Name of Candidate)

affirm that my account balance is zero, I have closed my campaign account, dissolved my campaign committee, and I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.

**admin**  
Signature of Candidate

**12/30/2009**  
Date

#### To File this Form

Mail or deliver to  
Office of the Lieutenant Governor  
Utah State Capitol, Suite 220  
Salt Lake City, UT 84114  
(801)538-1133

#### For More Information

Contact the Lieutenant Governor's Office  
(801)538-1041  
1-800-995-VOTE (8683)  
disclosure@utah.gov

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Date Received